

CITY OF HARTFORD
DEPARTMENT OF HEALTH AND HUMAN SERVICES
131 COVENTRY STREET, HARTFORD, CONNECTICUT 06112
PHONE (860) 543-8815 / FAX (860) 543-8898

PLAN REVIEW APPLICATION FOR MOBILE VENDOR FOOD SERVICE

Information

- **Definitions:** Whenever used in this application the following terms shall mean:
 - **“Commissary”:** A service room, catering establishment, restaurant or any other place in which food, containers or supplies are processed, prepared, handled, packed, transferred or stored and directly from which food is distributed to a food vendor or from which any vehicle or pushcart offering food to the public in any public space is supplied.
 - **“Food”:** Any raw, cooked or processed edible substances, beverages, ingredients, ice or water used or intended for use or for sale in whole or in part for human consumption.
 - **“Food vendor” or “Vendor/operator” or “vendor”:** A person, who hawks, peddles, sells or offers food for sale at retail.
 - **“Food vending business”:** The business of selling or offering food for sale at retail engaged in by a food vendor.
 - **“Pushcart”:** Any wheeled vehicle or device used by a food vendor, other than a motor vehicle or trailer, which may be moved with or without the assistance of a motor and which does not require registration by the department of motor vehicles.
 - **“Vehicle”:** A motor vehicle or trailer, as defined in the vehicle and traffic law.
 - **“Vend”:** To hawk, peddle, sell or offer to sell food at retail, delivered immediately upon consummation of purchase.
- A full set of floor plans (a drawing to scale), a list of all equipment, the menu and photo of the vehicle/cart.
- If the information does not apply to you write N/A

Food vending business name:

Names of food vending business owners:

Food vending business mailing address:

Home address (if different from mailing address):

Telephone numbers for food vending business owners: _____

E-mail: _____

Please fill out the following for the vendor/operator at your vehicle or cart. If your food vending business has more than one vehicle or cart, you must complete the following information for each Vendor/operator.

Name of vendor/operator: _____

Vendor/Operator's mailing address: _____

Vendor/operator's home address (if different from mailing address): _____

Vendor/operator's home telephone number: _____

Vendor/operator's cell telephone number: _____

Vendor/operator's e-mail: _____

If the Mobile Vending Operation is a class 3 or 4, the Operator/Vendor of the Mobile Vending unit is required to be a Qualified Food Operator. Provide a copy of the current QFO certificate.

Provide to the Department of Health, the addresses and names of the owners of such service rooms, commissaries or distributors from whom such licensee receives his or her food and also the address at which such vendor stores his or her food and vehicle or pushcart.

If your commissary is located outside the City of Hartford, please provide a copy of your current food service license issued by the local health department.

Please list all business locations (Stops made in throughout the City of Hartford - *(Please be detailed)*) and time(s) of day the stops are made:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

II. Equipment List

Complete this equipment list or provide identical information on the floor plan drawing to indicate the equipment on the truck or cart.

Item #	Item	Manufacturer	Model Number
Example	Counter Top Gas Grill	Hobart	270-EG-2481

III. Menu

Provide a **detailed list** of all foods that are to be sold on the mobile truck/pushcart.

Cold Foods	List Preparation Steps
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Hot Foods		List Preparation Steps
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

1. Will food be made more than 4 hours in advance? Yes No

2. Where will the food items be prepared and cooked?

3. Identify the source(s) of the food to be dispensed: _____

4. How will hot food be maintained at 140°F or above on the vehicle/cart: _____

5. How will cold food be maintained at 45°F or below on the vehicle/cart?

6. Will food items be reheated on the mobile vending unit? YES No

If yes, describe how and where the food items will be re-heated: _____

7. Describe what is done with food items that are leftover at the end of the business day:

8. How and where is produce washed?

9. Where is extra food stored? Where are extra paper products stored?

IV. Hygiene, Plumbing and Disposal

10. Describe the hand washing facility(s) on the mobile vending unit:

11. Describe the location and method for cleaning and sanitizing utensils, containers, etc. used on the mobile vending unit:

12. Is the water supply for your vehicle/cart from a PUBLIC WATER SYSTEM or a PRIVATE WELL WATER SUPPLY? (Circle one) If your water source is from a private well, provide a water test from a Connecticut Certified Laboratory.

13. How are the water tanks filled on the vehicle/cart? Describe how often the tank is cleaned and what method is used?

14. Where is the wastewater disposed? _____

15. Where and how will garbage be disposed on the mobile vending unit and at the base of operation?

THE UNDERSIGNED AGREES TO COMPLY WITH ALL OF THE REGULATIONS AND ORDINANCES ENFORCED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES AND THE CONNECTICUT PUBLIC HEALTH CODE. OUR OFFICE MUST BE NOTIFIED IF THERE ARE CHANGES IN MENU, FACILITY, EQUIPMENT, OR THE ABOVE LISTED INFORMATION.

Applicant (Please print)

Applicant's Signature

Date

